

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M G		5/2/02
O.I.P.E. CLASSIFIER	P.H.		5/6
FORMALITY REVIEW	S.S.	69134	7-5-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	13/4/02
2	✓	✓	13/5/02
3	✓	✓	13/5/02
4	✓	✓	13/5/02
5	✓	✓	13/5/02
6	✓	✓	13/5/02
7	✓	✓	13/5/02
8	✓	✓	13/5/02
9	✓	✓	13/5/02
10	✓	✓	13/5/02
11	✓	✓	13/5/02
12	0	0	0
13	✓	✓	13/5/02
14	P		
15	P		
16	U		
17	P		
18	N		
19	N		
20	N		
21	U		
22	N		
23	N		
24	N		
25	N		
26	N		
27	N		
28	N		
29	N		
30	0	=	=
31		=	=
32			✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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